

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF FLORIDA

IN RE: ZANTAC (RANITIDINE)
PRODUCTS LIABILITY
LITIGATION

MDL NO 2924
20-MD-2924

JUDGE ROBIN L ROSENBERG
MAGISTRATE JUDGE BRUCE REINHART

THIS DOCUMENT RELATES TO:

JURY TRIAL DEMANDED

James F. Pinckney

(Plaintiff Name(s))

SHORT-FORM COMPLAINT

The Plaintiff(s) named below, by counsel, file(s) this Short Form Complaint against Defendants named below. Plaintiff(s) incorporate(s) by reference the allegations contained in the Master Personal Injury Complaint ("MPIC") in *In re: Zantac (Ranitidine) Products Liability Litigation*, MDL No. 2924 (S.D. Fla). Plaintiff(s) file(s) this Short-Form Complaint as permitted by Pretrial Order No. 31.

Plaintiff(s) select(s) and indicate(s) by completing where requested, the Parties and Causes of Actions specific to this case. Where certain claims require additional pleading or case specific facts and individual information, Plaintiff(s) shall add and include them herein.

Plaintiff(s), by counsel, allege as follows:

I. PARTIES, JURISDICTION, AND VENUE

A. PLAINTIFF(S)

1. Plaintiff(s) James F. Pinckney

("Plaintiff(s)") brings this action (check the applicable designation):

☒ On behalf of [*himself/herself*];

☐ In representative capacity as the _____, on behalf
of the injured party, (Injured Party's Name)
_____.

2. Injured Party is currently a resident and citizen of (City, State)
Summerville South Ca and claims damages as set forth below.

—OR—

Decedent died on (Month, Day, Year) _____. At the time of
Decedent's death, Decedent was a resident and citizen of (City, State)
_____.

If any party claims loss of consortium,

3. _____ ("Consortium Plaintiff") alleges damages for loss of
consortium.
4. At the time of the filing of this Short Form Complaint, Consortium Plaintiff is a
citizen and resident of (City, State) _____.
5. At the time the alleged injury occurred, Consortium Plaintiff resided in (City, State)
_____.

B. DEFENDANT(S)

6. Plaintiff(s) name(s) the following Defendants from the Master Personal Injury
Complaint in this action:

a. Brand Manufacturers:

Boehringer Ingelheim Corp.
Boehringer Ingelheim Pharmaceuticals, Inc.
Boehringer Ingelheim USA Corp.
GlaxoSmithKline (America), Inc.
GlaxoSmithKline LLC
Pfizer Inc.
Sanofi US Services Inc.
Sanofi-Aventis U.S. LLC

b. Generic Manufacturers:

c. Distributors:

d. Retailers:

Walmart, Inc.
Walgreen Company
CVS Health Corp.
CVS Pharmacy Inc.

e. Repackagers:

f. Others Not Named in the MPIC:

C. JURISDICTION AND VENUE

7. Identify the Federal District Court in which Plaintiff(s) would have filed this action in the absence of Pretrial Order No. 11 (direct filing) [or, if applicable, the District Court to which their original action was removed]:

_____ District of SC ☐

8. Jurisdiction is proper upon diversity of citizenship.

II. PRODUCT USE

9. The Injured Party used Zantac and/or generic ranitidine: *[Check all that apply]*

☒ By prescription

☒ Over the counter

10. The Injured Party used Zantac and/or generic ranitidine from approximately (month, year) Mar ☐ 1993 ☐ to Jun ☐ 2018 ☐.

III. PHYSICAL INJURY

11. As a result of the Injured Party's use of the medications specified above, *[he/she]* was diagnosed with the following specific type of cancer (check all that apply):

Check all that apply	Cancer Type	Approximate Date of Diagnosis
<input type="checkbox"/>	BLADDER CANCER	
<input type="checkbox"/>	BRAIN CANCER	
<input type="checkbox"/>	BREAST CANCER	
<input type="checkbox"/>	COLORECTAL CANCER	

Check all that apply	Cancer Type	Approximate Date of Diagnosis
<input type="checkbox"/>	ESOPHAGEAL/THROAT/NASAL CANCER	
<input type="checkbox"/>	INTESTINAL CANCER	
<input type="checkbox"/>	KIDNEY CANCER	
<input type="checkbox"/>	LIVER CANCER	
<input checked="" type="checkbox"/>	LUNG CANCER	Sep <input type="text" value="10"/> 2021 <input type="text" value=""/>
<input type="checkbox"/>	OVARIAN CANCER	
<input type="checkbox"/>	PANCREATIC CANCER	
<input type="checkbox"/>	PROSTATE CANCER	
<input type="checkbox"/>	STOMACH CANCER	
<input type="checkbox"/>	TESTICULAR CANCER	
<input type="checkbox"/>	THYROID CANCER	
<input type="checkbox"/>	UTERINE CANCER	
<input type="checkbox"/>	OTHER CANCER: _____	
<input type="checkbox"/>	DEATH (CAUSED BY CANCER)	

12. Defendants, by their actions or inactions, proximately caused the injuries to Plaintiff(s)

IV. CAUSES OF ACTION ASSERTED

13. The following Causes of Action asserted in the Master Personal Injury Complaint are asserted against the specified defendants in each class of Defendants enumerated therein, and the allegations with regard thereto are adopted in this Short Form Complaint by reference.

Check if Applicable.	COUNT	Cause of Action
<input checked="" type="checkbox"/>	I	STRICT PRODUCTS LIABILITY – FAILURE TO WARN
<input checked="" type="checkbox"/>	II	STRICT PRODUCTS LIABILITY – DESIGN DEFECT
<input checked="" type="checkbox"/>	III	STRICT PRODUCTS LIABILITY – MANUFACTURING DEFECT
<input checked="" type="checkbox"/>	IV	NEGLIGENCE – FAILURE TO WARN
<input checked="" type="checkbox"/>	V	NEGLIGENT PRODUCT DESIGN
<input checked="" type="checkbox"/>	VI	NEGLIGENT MANUFACTURING
<input checked="" type="checkbox"/>	VII	GENERAL NEGLIGENCE
<input checked="" type="checkbox"/>	VIII	NEGLIGENT MISREPRESENTATION
<input checked="" type="checkbox"/>	IX	BREACH OF EXPRESS WARRANTIES
<input checked="" type="checkbox"/>	X	BREACH OF IMPLIED WARRANTIES
<input checked="" type="checkbox"/>	XI	VIOLATION OF CONSUMER PROTECTION AND DECEPTIVE TRADE PRACTICES LAWS and specify the state's statute below: S.C. Code 39-5-20 et al.
<input checked="" type="checkbox"/>	XII	UNJUST ENRICHMENT
<input checked="" type="checkbox"/>	XIII	LOSS OF CONSORTIUM
<input type="checkbox"/>	XIV	SURVIVAL ACTION
<input type="checkbox"/>	XV	WRONGFUL DEATH
<input type="checkbox"/>	XVI	OTHER: _____
<input type="checkbox"/>	XVII	OTHER: _____
<input type="checkbox"/>	XVIII	OTHER: _____

If Count XVI, Count XVII or Count XVIII is alleged, additional facts supporting the claim(s):

V. JURY DEMAND

14. Plaintiff(s) hereby demand(s) a trial by jury as to all claims in this action.

VI. PRAYER FOR RELIEF

WHEREFORE, Plaintiff(s) has/have been damaged as a result of Defendants' actions or inactions and demand(s) judgment against Defendants on each of the above-referenced causes of action, jointly and severally to the full extent available in law or equity, as requested in the Master

Personal Injury Complaint.

Attorney 1 Signature: /s/ D. Keith Bolus
Attorney 1 Print: D. Keith Bolus
Attorney 2 Signature: _____
Attorney 2 Print: _____
Firm: D. Keith Bolus
Address 1: 2127 Dorchester Road
Address 2: _____
City: North Charleston
State: South Carolina
Zip: 29405
Email: dkboluslaw@bellsouth.net
Phone: 843-747-1323

Attorney 1 Signature: _____
Attorney 1 Print: _____
Attorney 2 Signature: _____
Attorney 2 Print: _____
Firm: _____
Address 1: _____
Address 2: _____
City: _____
State: _____
Zip: _____
Email: _____
Phone: _____